



EV 846826426 US

Mailing Label
Label 11-F, April 2004

Post Office To Addressee



EV 846826426 US



Post Office To Addressee

Customer Copy
Label 11-F, April 2004

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code	Day of Delivery	Postage
77002	<input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	\$ 14.40
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
4/18/06		
Mo. Day Year	Month Day	\$
18 4 06		
Time Accepted	Scheduled Time of Delivery	COD Fee
1:15 PM	<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military	Insurance Fee
		\$
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees
3 lbs.	Int'l Alpha Country Code	\$ 14.40
	Acceptance Emp. Initials	
		0

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

A770807

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE

723, 540 7100

SUE Z. SHAPER, PC
1300 WEST LOOP S STE 1450
HOUSTON TX 77001-3413

TO: (PLEASE PRINT)

PHONE

MAIL STOP Amendment
COMMISSIONER FOR PATENTS
PJ BOX 1450
ALEXANDRIA VA 22313-1450

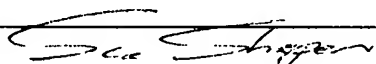
FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811

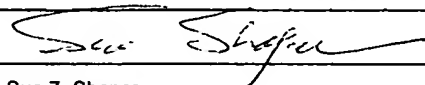
New Application for ☒ Patent ☐ Trademark
 Reg. App. ☐ Prov. ☐ Conversion w/priority: Yes ☐ No
 Continuation ☐ CIP ☐ Divisional ☐ PCT ☐ RCE
 Foreign Priority claimed ☐ Pages of Specification
 Number of Claims ☐ Sheets of Drawings ☐ Abstract
 Declaration ☐ Power of Attorney ☐ Check \$
 Authorization to charge Deposit Account 50-1753
 Assignment ☐ Small Entity Statement
 Information Disclosure Stmt. ☒ Transmittal
 Amendment ☐ Issue Fee ☐ Formal Drawings
 Return Postcard ☒ Certificate of Mailing
 Other ☐
 Inventor Daught P. Williams
 Client Williams Engineering
 Title Chemical System for
Extruding Difficult Fiber
Flammable Liquid
 Serial No. 14989
 Due Date APR 18 2006
 Dockel No. 0155
 Express Mail # 784626426
 Date Mailed 4/18/06

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/568,520
	Filing Date	Feb 14, 2006
	First Named Inventor	Williams, Dwight P.
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	50262

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 2 nd Preliminary Amendment
Remarks It is believed that no further request for extension of time or fees are due. Notwithstanding, the Commissioner is authorized to charge any additional fees incurred or credit any overage to Deposit Account No.50-1753 (50262). Please regard this as a further request for extension of time to the extent one is needed. (Customer Account Number 22929)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	Sue Z. Shaper	
Date	April 18, 2006	Reg. No. 31663

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage via Express mail # EV 846826426 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Sue Z. Shaper	Date April 18, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Williams, Dwight P.	
Application No.: US National Stage of PCT/US 126,762	
Filed: 2/14/2005	Art Unit:
Title: Dry Chemical System for Extinguishing Difficult Fuel or Flammable Liquid Fires in an Industrial Tank with a Roof Creating Space Above the Liquid	Examiner:
Attorney Docket No.: 50262	

2nd PRELIMINARY AMENDMENT UNDER 37 CFR 1.115

Remarks Re Just Issued "Written Opinion"

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please amend this application as follows:

In the claims:

Please amend the claims as per the attached claim amendment sheets.

REMARKS

Claim Amendments

The Search Report and Written Opinion for PCT/US04/26762 was mailed 3/8/06, after the 30-month deadline from the priority date of the PCT application. Hence, applicant files this preliminary amendment together with Remarks to the Written Opinion in this US national stage, since filing in the PCT case was impossible.

Independent apparatus claims 4 and 5 have been amended (from the 1st Preliminary Amendment) to indicate that the apparatus for creating the foam blanket and the apparatus for discharging dry chemical are both associated with the same opening communicating with the space. (Claim 4 also corrects a prior typo.)

Claim 6 has been amended to correct a typo.